



City of Alexandria Department of Recreation, Parks and Cultural Activities

Sports Section

1108 Jefferson Street, Alexandria, Virginia 22314

Office: 703.746.5402 Fax: 703.746.5585



MIRACLE BASEBALL LEAGUE OF ALEXANDRIA

Registration form must be accompanied by \$50.00 payment (\$30.00 for Therapeutic Recreation participants) and a copy of their birth certificate. Checks or money orders are to be made out to the City of Alexandria and sent to the address above.

Participant's Name: _____

Home Address: _____

Date of Birth: ____/____/____ Age: ____ Sex: ____ Jersey Size: (Circle one) YS YM YLG AS AM ALG AXLG AXXLG

Name of Parent/Guardian: _____ Name of Parent/Guardian: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Would You Like to be a Miracle League of Alexandria "Angels In The Outfield Buddie"? ____ Yes ____ No

All buddies must complete a volunteer application and background check form.

Social Worker/Case Manager Name: _____ Phone: _____

School Name/Teacher Name: _____ Phone: _____

Name of Physician: _____ Phone: _____

Medical Insurance: _____ Policy Number: _____

Emergency Contact Names (other than persons living in your home) with authorization to care for and pick up the applicant in case of an emergency:

Name: _____

Name: _____

Phone: _____

Phone: _____

Other: _____

Other: _____

Relationship: _____

Relationship: _____

Medical Insurance

THE CITY OF ALEXANDRIA DOES NOT PROVIDE MEDICAL INSURANCE FOR PROGRAM PARTICIPANTS. IN THE EVENT OF ILLNESS OR INJURY REQUIRING MEDICAL TREATMENT, HOSPITALIZATION, AND/OR SURGERY, THE FAMILY MEDICAL INSURANCE MUST BE USED.

Emergency Treatment Release I give permission, at my expense, for the Sports Section to acquire emergency treatment for the participant, if it is necessary.

Liability Waiver Form

IN CONSIDERATION OF THE CITY OF ALEXANDRIA DEPARTMENT OF RECREATION, PARKS AND CULTURAL ACTIVITIES, CONDUCTING VARIOUS PROGRAMS AND ALLOWING _____ TO PARTICIPATE IN THE **MIRACLE BASEBALL LEAGUE**, THE UNDERSIGNED, REALIZING THE RISK OF INJURY ATTENDANT TO SUCH PROGRAMS DOES HEREBY RELEASE AND FOREVER DISCHARGE THE CITY OF ALEXANDRIA AND THE DEPARTMENT OF RECREATION, PARKS AND CULTURAL ACTIVITIES AND ITS OFFICERS, AGENTS, AND EMPLOYEES FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS OR LIABILITY RESULTING FROM OR ARISING OUT OF OR BASED UPON ANY BODILY INJURY OR PROPERTY DAMAGE WHICH MAY BE SUSTAINED BY THE UNDERSIGNED OR THE UNDERSIGNED'S CHILD WHILE PARTICIPATING IN THIS PROGRAM. PER THE CITY OF ALEXANDRIA POLICIES, REGISTRATION INFORMATION OF EACH PARTICIPANT IS PROVIDED TO COACH MOSHIER AND THE ALEXANDRIA DEPARTMENT OF RECREATION, PARKS AND CULTURAL ACTIVITIES (ADRPCA) FOR RECREATION DEPARTMENT PROGRAMS ONLY.

Photographic Release: I hereby ____ **Do** ____ **Do Not** grant permission for the Sports Section to use individual and/or group photographs for publicity, education, and in any or all publications and other media.

Print Parent or Guardian's Name

Date

Parent or Guardian's Signature

The City of Alexandria complies with the American Disabilities Act for qualified individuals. To make an ADA accommodation request, please call 703.746.5423 or email Jackie Person at jackie.person@alexandriava.gov.